

## Expected Practices

Specialty: Urology

Subject: Erectile Dysfunction

Date: October 10, 2014

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### **Purpose:**

To provide clinical guidance in the assessment of Erectile Dysfunction and to define the scope of services that is provided by Los Angeles County DHS.

### **Target Audience:**

Primary Care Providers (PCPs)

### **Expected Practice:**

Take sexual history to differentiate between erectile dysfunction, ejaculatory dysfunction and desire disorder (decreased libido).

Evaluate and treat underlying conditions, including diabetes or any neurological or vascular issues

Based on assessment:

- If decreased libido, order testosterone level.
- If testosterone low, order prolactin and repeat testosterone level.
- If prolactin level elevated, refer to Endocrinology via eConsult. If only testosterone abnormal, consider replacement therapy. Check PSA before testosterone replacement. Unless PSA is elevated, no need for urology referral.
- If rapid ejaculation, recommend self-help books to learn stop-start technique (behavior modification).

*This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.*

If erectile dysfunction:

- If of psychological etiology, consider recommending self-help books or videos. Self-help solutions may be adequate direction in most situations, but may be inadequate in other situations based on psycho-social or situational factors. Suspect psychosocial etiology of ED if patient has adequate erections in some situations, but inadequate on others based on setting.
- If is an available option, provide information about vacuum extraction devices (VED). If you have it, offer vacuum pump video.
- Provider may offer to write prescription for a PDE-5 inhibitor. **As this medication is not provided by Los Angeles County DHS, patient will need to obtain the prescription from an outside pharmacy and will be responsible for full payment.** For most patients, start with on-demand treatment rather than daily treatment to identify which patients are responsive to these drugs. For Viagra, start at 50; mg and titrate to 100 mg if necessary. For Cialis, start at 10 mg and titrate to 20 mg. For Viagra, which works best 1 hour after taking the drug, an empty stomach is recommended for optimum results. For Cialis, the best time to attempt sexual activity is 3 hours after ingestion of the drug. An empty stomach is not required for Cialis. Remember that only about 50-60 % of new patients will have a satisfactory response to these drugs.
- If clearly physiologic erectile dysfunction (e.g., diabetes) and VED and/or PDE-5 inhibitor is insufficient, consider referral for pharmacologic penile injections with **Note: Neither penile prosthesis surgery nor sex therapy counseling are services provided by Los Angeles County DHS**